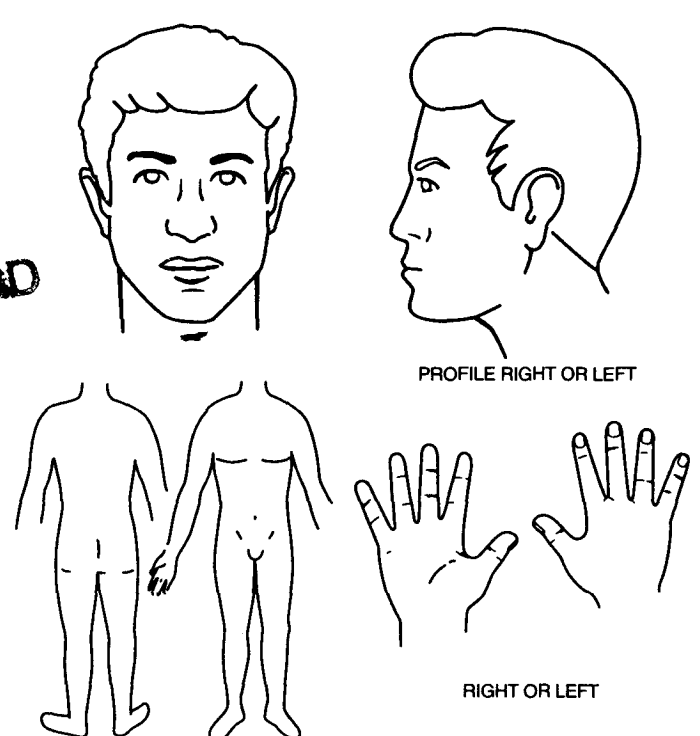


PRISON
HEALTH
SERVICES
INCORPORATED

EMERGENCY

ADMISSION DATE 11 / 18 / 04		TIME 11:40 AM	ORIGINATING FACILITY <u>Bullock</u>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES N/A			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98°		ORAL RECTAL	RESP. 18	PULSE 86	B/P 130/80	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS S- Body chart for M.H.M.			ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES			
FOR PROFESSIONAL USE ONLY CONFIDENTIAL RECORD NOT TO BE PHOTO COPIED						
PHYSICAL EXAMINATION 2- Bk Male Ambulatory father escorted by Lt. Cunningham & hand cuffed behind back. Small spot of redness noted around neck no problems & SOB present; no broken areas noted at this time. Inmate in no acute distress. A- Body Chart for M.H.M. & Doc			ORDERS / MEDICATIONS / IV FLUIDS P Released to MH placed in cell #2 on suicide watch. per Dr. Sanders.			
DIAGNOSIS <u>D</u>						
INSTRUCTIONS TO PATIENT See Above						
DISCHARGE DATE 11 / 18 / 04		TIME 11:45 AM	RELEASE / TRANSFERRED TO <u>Doc</u>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
IRSE'S SIGNATURE <u>[Signature]</u>		DATE	PHYSICIAN'S SIGNATURE <u>[Signature]</u>		CONSULTATION	
INMATE NAME (LAST, FIRST, MIDDLE) Winfield, Carey			DOC# 180239	DOB 10-8-56	R/S B/W	FAC. Bullock



PRISON
HEALTH
SERVICES
INCORPORATED

EMERGENCY

ADMISSION DATE 11/6/04		TIME 9:58 AM	ORIGINATING FACILITY Bullock		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NKA			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98°		ORAL RECTAL	RESP. 18	PULSE 74	B/P 112/80	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS S- I put my hand on the inside of the Commode			ABRASION ///	CONTUSION #	BURN xx xx	FRACTURE Z Z
			LACERATION / SUTURES			
			<p style="text-align: center;">PROFILE RIGHT OR LEFT</p> <p style="text-align: center;">RIGHT OR LEFT</p>			
PHYSICAL EXAMINATION A Black Male Ambulatory to Hous escorted by Sgt. Davis & officer Parkson. Inmate is Alert and Oriented x3 Resps Regular and even skin w/ abrasion to R thumb and back of R hand. A Alteration in skin integrity			ORDERS / MEDICATIONS / IV FLUIDS		TIME	BY
			P. Cleaned w H2O TAs & fardoid applied.			
DIAGNOSIS D						
INSTRUCTIONS TO PATIENT D						
DISCHARGE DATE 11/6/04		TIME 10:04 AM	RELEASE / TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBU.ENCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
JRSE'S SIGNATURE Marta Jackson		DATE	PHYSICIAN'S SIGNATURE		DATE	CONSULTATION
INMATE NAME (LAST, FIRST, MIDDLE) Wright Richard			DOC# 187140	DOB 8-15-67	R/S B/m	FAC. Bullock

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PRISON
HEALTH
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EMERGENCY

ADMISSION DATE 11 / 3 / 04 2220 <small>AM PM</small>		TIME 2220 <small>AM PM</small>		ORIGINATING FACILITY BCC		<input type="checkbox"/> SICK CALL <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NKA				CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 100.9		ORAL RECTAL		RESP. 20		PULSE 120	
				B/P 144 / 94		RECHECK IF SYSTOLIC <100> 50 148 / 98	
NATURE OF INJURY OR ILLNESS S: "I was fighting I got a few bumps and bruises, nothing great." 1) Hemostoma frontal of cranial ① 3cm ② 2.5cm skin intact ③ frontal of cranial ③ scratch 5 inches ④ 3.5 ⑤ 2 inches ⑤ 2 1/2 Broken skin 4 inches on below it on back. Lt foot 2 inches 2cm healed (old area)				ABRASION /// <input type="checkbox"/> CONTUSION # <input type="checkbox"/> BURN xx <input type="checkbox"/> FRACTURE Z <input type="checkbox"/> LACERATION / SUTURES <input type="checkbox"/>			
PHYSICAL EXAMINATION A: Body Chart per DOC				ORDERS / MEDICATIONS / IV FLUIDS TIME BY			
P: Release to DOC				FOR PROFESSIONAL USE ONLY CONFIDENTIAL RECORD NOT TO BE PHOTO COPIED			
DIAGNOSIS							
INSTRUCTIONS TO PATIENT Consider following through to mental health referral.							
DISCHARGE DATE 11 / 3 / 04 2235 <small>AM PM</small>		TIME 2235 <small>AM PM</small>		RELEASE / TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULENCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
JESSE'S SIGNATURE J. W. Williams, RN		DATE 11/3/04		PHYSICIAN'S SIGNATURE [Signature]		DATE 11/4/04	
INMATE NAME (LAST, FIRST, MIDDLE) Wright, Richard				DOC# 187140		DOB 8/15/67	
				R/S B/m		FAC. BCC	

[illegible]

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Wright, Richard	187140	8-15-67	Bm	VCF

[illegible]

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(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard WrightSERIAL NO: B187140CELL: 19 TVIOLATION #31

ADMITTANCE

OR REASON: Assault on another inmateAUTHORIZED BY: Lt. Balers

DATE & TIME

DATE & TIME

RECEIVED: 11/3/05 @ 10:40 P.M.

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
2/21/05	MORN	Y			N	N	Refused	N	0 med	M. Fitzpatrick, COI
	DAY	Y			N	Refused	Refused	N	0 med	Shall, COI
	EVE	Y		Y	N	N	Refused	N	0 med	J. Johnson, COI
Mon.										
2/22/05	MORN	Y			N	N	Refused	N	0 med	B. Holmes, COI
	DAY	Y		Y	N	N	Refused	N	0 med	Shall, COI
	EVE	Y		Y	N	N	Refused	N	0 med	C. Hobbs, COI
Tues.										
2/23/05	MORN	Y			N	N	Refused	N	0 med	B. Holmes, COI
	DAY	Y		Y	N	N	Refused	N	0 med	Shall, COI
	EVE	Y		Y	N	N	Refused	N	0 med	T. Johnson, COI
Wed.										
2/24/05	MORN	Y			N	N	Refused	N	0 med	M. Fitzpatrick, COI
	DAY	Y		Y	N	N	Refused	N	0 med	Shall, COI
	EVE	Y		Y	N	N	Refused	N	0 med	Penniston, COI
Thurs.										
2/25/05	MORN	Y			N	N	Refused	N	0 med	H. Johnson, COI
	DAY	Y		Y	N	N	Refused	N	0 med	Shall, COI
	EVE	Y		Y	N	N	Refused	N	0 med	C. Hobbs, COI
Fri.										
2/26/05	MORN	Y			N	N	Refused	N	Med given	C. Young, COI
	DAY	Y		Y	N	N	Refused	N	Med given	Shall, COI
	EVE	Y		Y	N	N	Refused	N	Med given	Ryan, COI
Sat.										
2/27/05	MORN	Y			N	N	Refused	N	Med given	E. Williams, COI
	DAY	Y		Y	N	N	Refused	N	Med given	Shall, COI
	EVE	Y		Y	N	N	Refused	N	Med given	Ryan, COI
Sun.										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower - Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature; OIC must sign all record sheets each shift.

CONFIDENTIAL RECORD
NOT TO BE PHOTOGRAPHED

Bullock Co. Corrections

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME:

Richard Wright

AIS NO:

B/187140

CELL:

19 T

VIOLATION³¹

OR REASON: Assault On Another Inmate

ADMITTANCE

AUTHORIZED BY:

Lt. Babers

DATE & TIME

RECEIVED: 11/3/04 10:40 P.M.

DATE & TIME

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
2-14-05	MORN	Y			N	N	Phlegm	N	meds	H. Johnson, Col
	DAY		Y		N	N	Phlegm	N	meds	H. Johnson, Col
	EVE			Y	N	N	Phlegm	N	meds	H. Johnson, Col
MON										
2-15-05	MORN	Y			N	N	Phlegm	N	meds	B. H. Hays, Col
	DAY	Y	Y		N	N	Phlegm	N	meds	B. H. Hays, Col
	EVE			Y	N	N	Phlegm	N	meds	B. H. Hays, Col
TUE										
2-16-05	MORN	Y			N	N	Phlegm	N	meds	C. Young, Col
	DAY	Y	Y		N	N	Phlegm	N	meds	C. Young, Col
	EVE			Y	N	N	Phlegm	N	meds	C. Young, Col
WED										
2-17-05	MORN	Y			N	N	Phlegm	N	meds	C. Young, Col
	DAY	Y	Y		N	N	Phlegm	N	meds	C. Young, Col
	EVE			Y	N	N	Phlegm	N	meds	C. Young, Col
THUR										
2-18-05	MORN	Y			N	N	Phlegm	N	meds	H. Johnson, Col
	DAY	Y	Y		N	N	Phlegm	N	meds	H. Johnson, Col
	EVE			Y	N	N	Phlegm	N	meds	H. Johnson, Col
FRI										
2-19-05	MORN	N			N	N	Phlegm	N	meds	C. Young, Col
	DAY	Y	Y		N	N	Phlegm	N	meds	C. Young, Col
	EVE			Y	N	N	Phlegm	N	meds	C. Young, Col
SAT										
2-20-05	MORN	N			N	N	Phlegm	N	meds	H. Johnson, Col
	DAY	Y	Y		N	N	Phlegm	N	meds	H. Johnson, Col
	EVE			Y	N	N	Phlegm	N	meds	H. Johnson, Col
SUN										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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Bullock Co. Corrections

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

MATE NAME:

VIOLATION
OR REASON:DATE & TIME
RECEIVED:PERTINENT
INFORMATION:

AIS NO:

CELL: #

ADMITTANCE
AUTHORIZED BY:DATE & TIME
RELEASED:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7/7/05	MORN	Y			N	N	X. Anding	N	0 med	H. Johnson, Col
	DAY		Y		N	N	X. Anding	N	0 med	H. Johnson, Col
	EVE			Y	N	N	X. Anding	N	0 med	H. Johnson, Col
MON										
8/05	MORN	Y			N	N	X. Anding	N	0 med	M. Patrick, Col
	DAY		Y		N	N	X. Anding	N	0 med	M. Patrick, Col
	EVE			Y	N	N	X. Anding	N	0 med	M. Patrick, Col
TUE										
9/05	MORN	Y			N	N	X. Anding	N	0 med	M. Patrick, Col
	DAY		Y		N	N	X. Anding	N	0 med	M. Patrick, Col
	EVE			Y	N	N	X. Anding	N	0 med	M. Patrick, Col
WED										
10/05	MORN	Y			N	N	M. Patrick	N	0 med	H. Johnson, Col
	DAY		Y		N	N	M. Patrick	N	0 med	H. Johnson, Col
	EVE			Y	N	N	M. Patrick	N	0 med	H. Johnson, Col
TH										
11/05	MORN	Y			N	N	M. Patrick	N	0 med	M. Patrick, Col
	DAY		Y		N	N	M. Patrick	N	0 med	M. Patrick, Col
	EVE			Y	N	N	M. Patrick	N	0 med	M. Patrick, Col
RI										
12/05	MORN	N			N	N	M. Patrick	N	0 med	C. Young, Col
	DAY		Y		N	N	M. Patrick	N	0 med	C. Young, Col
	EVE			Y	N	N	M. Patrick	N	0 med	C. Young, Col
T										
15	MORN	N			N	N	M. Patrick	N	0 med	E. Williams, Col
	DAY		Y		N	N	M. Patrick	N	0 med	E. Williams, Col
	EVE			Y	N	N	M. Patrick	N	0 med	E. Williams, Col

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

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